



**Please submit completed Rent Report to the attention of your Case Manager in person or mail to:**

The United Counties of Leeds and Grenville  
Community and Social Services Division  
25 Central Avenue West, Suite 200, Brockville, ON K6V 4N6  
613-342-3840 or 1-800-267-8146  
or send by fax to: 833-775-0561

**CASE ID:** \_\_\_\_\_

**To be completed by Landlord/ Property Manager:**

**Tenant's Name(s):** 1. \_\_\_\_\_ (last) \_\_\_\_\_ (first)

2. \_\_\_\_\_ (last) \_\_\_\_\_ (first)

**Address:** \_\_\_\_\_ (no.) \_\_\_\_\_ (street) \_\_\_\_\_ (unit/apt no.)  
\_\_\_\_\_ (city) \_\_\_\_\_ (province) \_\_\_\_\_ (postal code)

**Phone No.:** 1. \_\_\_\_\_ (home) \_\_\_\_\_ (work)

2. \_\_\_\_\_ (home) \_\_\_\_\_ (work)

<b>Date moved in:</b> _____ <small>(dd/mm/yy)</small>		<b>At the time of move in</b>	<b>or</b>	<b>Presently</b>
	<b>No. of Adults:</b>			
	<b>No. of Children:</b>			

		Yes	No
<b>Utilities paid by tenant(s):</b>	Water	<input type="checkbox"/>	<input type="checkbox"/>
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>
	Heat Source: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appliances:</b>	Are appliances included?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lease:</b>	Is there a signed lease?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dwelling Type:</b>	House <input type="checkbox"/>		
	Apartment <input type="checkbox"/>		
	Room <input type="checkbox"/>		

<b>Monthly Rent:</b>	<b>If applicable - Last Month's Rent Required:</b>	<b>Is food included?</b>
\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please indicate to whom rent will be paid:**

Property Owner       Property Manager       Lease Holder

Relationship to Tenant(s):  None       Specify Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Please Print

**Address:** \_\_\_\_\_ (no.) \_\_\_\_\_ (street) \_\_\_\_\_ (unit/apt. no.)  
\_\_\_\_\_ (city) \_\_\_\_\_ (province) \_\_\_\_\_ (postal code)

**Phone No:** \_\_\_\_\_ (home) \_\_\_\_\_ (work)

\_\_\_\_\_  
**Signature of Property Owner/Manager/Lease Holder** **Date**

Personal information in this report is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, and the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for programs administered by the Community and Social Services Division of the United Counties of Leeds and Grenville. Specifically this information is collected under the legal authority of the *Ontario Works Act, 1997*, the *Housing Services Act, 2011* and/or the Investment in Affordable Housing Program.